Case 2:16-bk-50291 Doc 16 Filed 03/03/16 Entered 03/03/16 10:01:56 Desc Main Document Page 1 of 6

						_				
Fill	in this information to identify your c	ase:								
Del	otor 1 Joshua J So	hneider								
	otor 2 ouse, if filing)				_					
Uni	ted States Bankruptcy Court for the	: SOUTHERN DISTRIC	CT OF OHIO							
Cas	se number 2:16-bk-50291					Ched	ck if this is	:		
(If kr	nown)						An amende	ed filing		
_									ng postpetition ollowing date:	
0	fficial Form 106l					Ī	/M / DD/ Y	YYYY		
S	chedule I: Your Inc	ome								12/15
sup spo	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. **Describe Employment**	are married and not filing w	ng jointly, and your ith you, do not incl	spouse ude infor	is liv mati	ing with on abou	you, incl t your sp	ude infori ouse. If m	mation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-f	iling spouse	
	If you have more than one job, attach a separate page with information about additional	Franksim aut status	■ Employed	■ Employed			☐ Employed			
		Employment status	☐ Not employed				☐ Not employed			
	employers.	Occupation	Supervisor							
	Include part-time, seasonal, or self-employed work.	Employer's name	Lasting Impressions Event Rental			t				
	Occupation may include student or homemaker, if it applies.	Employer's address	5080 Sinclair R Columbus, OH							
		How long employed t	here? <u>1 Year</u>	Ŧ			_			
Par	t 2: Give Details About Mor	nthly Income								
Esti	mate monthly income as of the duse unless you are separated.	•	you have nothing to	report for	any	line, writ	e \$0 in the	space. In	clude your no	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informati	on for all	empl	oyers for	that perso	on on the l	ines below. If	you need
						For De	btor 1		ebtor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3	,060.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	1	,260.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	4,3	20.00	\$	N/A	

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Debt	or 1	Joshua J Schneider	_	Case r	number (<i>if known</i>)	2:16-bk-	50291	
				For	Debtor 1	For Deb	for 2 or	
				. 0.	Debior 1		g spouse	
	Cop	y line 4 here	4.	\$	4,320.00	\$	N/A	_
				-	<u> </u>			_
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,093.00	\$	N/A	<u>.</u>
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	<u>. </u>
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	_
	5e.	Insurance	5e.	\$	486.00	\$	N/A	_
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	_
	5g.	Union dues	5g.	\$	0.00	\$	N/A	_
	5h.	Other deductions. Specify: Uniforms	5h.+	\$	7.00	+ \$	N/A	<u>!</u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,586.00	\$	N/A	<u>. </u>
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,734.00	\$	N/A	<u>-</u>
8.	List	all other income regularly received:						
	8a.	Net income from rental property and from operating a business,						
		profession, or farm Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	N/A	<u>. </u>
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	<u>.</u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent						
		regularly receive Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	_
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive						
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental	9					
		Nutrition Assistance Program) or housing subsidies.						
		Specify:	8f.	\$	0.00	\$	N/A	ı
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	<u> </u>
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	N/A	<u>_</u>
0	A -1 -1	all other income. Add lines On Ob On Od On Ot On Ob	0	¢.	0.00	¢	N/	•
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	A
			[-					
10.		culate monthly income. Add line 7 + line 9.	10. \$	2	2,734.00 + \$_	N.	<u>/A</u> = \$ _	2,734.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
11.		e all other regular contributions to the expenses that you list in Schedule						
		ide contributions from an unmarried partner, members of your household, your r friends or relatives.	aepen	aents,	your roommates	s, and		
		not include any amounts already included in lines 2-10 or amounts that are not	availab	le to p	av expenses list	ed in Sched	dule J.	
	Spec	cify:			· .	1	1. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certa						
	appli		III LIADI	iiiies a	nd Related Data		2. \$	2,734.00
							Comb!	nod
							Combi month	nea ly income
13.	Do y	ou expect an increase or decrease within the year after you file this form	?					,
		No.						
		Yes. Explain: Debtor Husband was paid 5 times in October wh	ich ac	coun	ts for his high	ner incom	e in the E	322.

Official Form 106I Schedule I: Your Income page 2

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Fill	in this info	rmation to identify yo	our case:							
(Spo	tor 2 ouse, if filing	,,		IEDN DISTRICT OF OLIC		Ch ■	A sup 13 ex	mended filing oplement show	ving postpetition chapter the following date:	•
Cas	e number nown)	2:16-bk-50291	. 30011	ERN DISTRICT OF OHIC	,		IVIIVI /	DD / 1111		
		Form 106J Ile J: Your I	Exper	ıses					12	/1:
Be info	as comple ormation.	ete and accurate as	possible. eded, atta	If two married people a ch another sheet to this						
1.	■ No. G	joint case? So to line 2. Does Debtor 2 live i No Yes. Debtor 2 mus		ate household? al Form 106J-2, <i>Expense</i> s	s for Separate House	ehold of De	ebtor 2.			
2.	Do not list Debtor 2 Do not si		■ No	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor			ependent's ge	Does dependent live with you? No Yes No Yes No Yes No Yes No Yes	
3. Par	expense yourself	expenses include es of people other the and your dependent estimate Your Ongoin	nts? □	No Yes y Expenses					□ Yes	
Est exp	imate you	of a date after the b	our bankrı	uptcy filing date unless y y is filed. If this is a sup						
the		such assistance and		government assistance sluded it on <i>Schedule I:</i>				Your expe	enses	
4.		tal or home owners s and any rent for the		ses for your residence. r lot.	Include first mortgage	e 4.	\$		364.00	
	If not inc	cluded in line 4:								
	4b. Pr 4c. Ho 4d. Ho	eal estate taxes operty, homeowner's ome maintenance, re omeowner's associat	pair, and υ ion or cond	ipkeep expenses dominium dues		4a. 4b. 4c. 4d.	\$ \$ \$		0.00 0.00 0.00 0.00	
5.	Addition	nal mortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$		0.00	

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ebtor 1 Joshua J Schneider	Case number (if known) 2:16-bk-5029	1
. Utilities:		
6a. Electricity, heat, natural gas	6a. \$ 10	00.00
6b. Water, sewer, garbage collection	6b. \$	50.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 16	65.00
6d. Other. Specify:	6d. \$	0.00
Food and housekeeping supplies	7. \$	50.00
Childcare and children's education costs	8. \$	0.00
Clothing, laundry, and dry cleaning	9. \$	65.00
). Personal care products and services		60.00
Medical and dental expenses		20.00
2. Transportation. Include gas, maintenance, bus or train fare.		
Do not include car payments.	12. \$ 25	50.00
B. Entertainment, clubs, recreation, newspapers, magazines, and b	ooks 13. \$	0.00
Charitable contributions and religious donations	14. \$	0.00
i. Insurance.		
Do not include insurance deducted from your pay or included in lines		
15a. Life insurance		31.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance		54.00
15d. Other insurance. Specify:	15d. \$	0.00
5. Taxes. Do not include taxes deducted from your pay or included in lin		
Specify:	16. \$	0.00
Installment or lease payments:	47 0	
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify:	17c. \$	0.00
17d. Other. Specify:	17d. \$	0.00
Your payments of alimony, maintenance, and support that you o		0.00
deducted from your pay on line 5, Schedule I, Your Income (Office)		
Other payments you make to support others who do not live wit	<u></u>	0.00
Specify:	19.	
Other real property expenses not included in lines 4 or 5 of this 20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	
	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	·	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
Other: Specify: Monthly payment to Clerk of Courts for D		50.00
left)	21. +\$	0.00
Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$1,909.	.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Offici		
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 1,909.	00
220. Add iino 22a and 22b. The result is your monthly expenses.		.00
Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I	23a. \$ 2,7 3	34.00
23b. Copy your monthly expenses from line 22c above.		09.00
23c. Subtract your monthly expenses from your monthly income.	20 0	DE 00
The result is your monthly net income.	23c. \$	25.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

☐ Yes.

Explain here: Debtor and wife have decided to separate. Debtor is going to continue to make the mortgage payment as well as the ulities. Debtor is also going to split the cost of vechile insurance per month with wife.

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Fill in this info	rmation to identify your	case:		
Debtor 1	Joshua J Schneid	der		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	sankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number	2:16-bk-50291			
(if known)				Check if this is an
	,			amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
D	id you pay or agree to pay someone who is NOT an attorney	to help	you fill out bankruptcy forms?
	No		
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	der penalty of perjury, I declare that I have read the summar at they are true and correct. /s/ Joshua J Schneider Joshua J Schneider	ry and s	chedules filed with this declaration and Signature of Debtor 2
	Signature of Debtor 1 Date March 2, 2016		Date

CERTIFICATE OF SERVICE

The undersigned certifies that a true copy of the attached Amended Statement of Financial Affairs was served upon the parties listed below by Electronic Filing or via U.S. mail this 3rd day of March, 2016.

Respectfully submitted,

/s/ Robert D. Bergman

Robert D. Bergman OH Supr Crt No. 0001475 Attorney for Debtor(s) 3099 Sullivant Avenue

Columbus, Ohio 43204 Phone: (614) 279-8276 Fax: (614) 308-0613

bankruptcy@byattorneys.com

Parties Served Electronically:

Asst US Trustee (Col) Robert D Bergman Brian M Gianangeli Alan C Hochheiser Frank M Pees

Parties Served Via U.S. Mail:

Joshua Schneider PO Box 342 Columbus, OH 43157